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CAREER PLAN			NAME OF EMPLOYEE (LAST-MIDDLE-FIRST)
AGE	GRADE	JOB TITLE	PERIOD OF ASSESSMENT
CAREER INTERESTS OF EMPLOYEE			
GENERAL AREA OF ACTIVITY			
SPECIFIC AREA OF ACTIVITY			
CAREER OBJECTIVES OF EMPLOYEE			
DESIRED TRAINING (PARAGRAPH A = IMMEDIATE (1 TO 2 YEARS), PARAGRAPH B = LONG RANGE)			
DESIRED JOB ASSIGNMENTS (PARAGRAPH A = IMMEDIATE (1 TO 2 YEARS), PARAGRAPH B = LONG RANGE)			
COMMENTS			
COMMENTS OF SUPERVISOR		DATE	SUPERVISOR
COMMENTS OF CAREER SERVICE		DATE	SUPERVISOR
		DATE	SUPERVISOR
I UNDERSTAND THAT THE IMPLEMENTATION OF MY CAREER PLAN MAY BE AFFECTED BY THE NEEDS OF THE AGENCY AS WELL AS BY MY PERFORMANCE, CAPABILITIES AND INTERESTS.			
		DATE	SUPERVISOR'S SIGNATURE

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T
A
B

2

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APPENDIX A
to
STAFF STUDY
on
Individual Career Planning,
12 April 1956

INDIVIDUAL CAREER PLANNING FORMS

1. Attached are copies of forms, listed below, which are used for individual career planning.

Office of Training Form No. 839 dated 1 November 1955

Office of Communications - Attachment to OC Order No. 3-55
dated 5 January 1955

Office of Personnel - Suggested Outline for Individual Career
Development Plan, Attachment to OPM No.
[REDACTED] dated 13 October 1955.

2. There may be other informal formats in use but the forms listed above are the only ones that have been reported.

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